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APPLICANTS									
Foreign Priority claimed 35 USC 119 (a-d) cond met Verified and Acknowledged ADDRESS 26356	STATE OR COUNTRY TX	DRA	SHEETS TOTAL CLAIMS 12 5		IMS	INDEPENDENT CLAIMS 1			
TITLE Ophthalmic drug delivery device									
RECEIVED I						☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other ☐ Credit			